

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09/42-777</u>	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51		1		1		
2		1		1			52		1		1		
3		1		1			53		1		1		
4		1		1			54		1		1		
5		1		1			55		1		1		
6		1		1			56		1		1		
7		1		1			57		1		1		
8		1		1			58		1		1		
9		1		1			59		1		1		
10		1		1			60		1		1		
11		1		1			61		1		1		
12		1		1			62		1		1		
13		1		1			63		1		1		
14		1		1			64		1		1		
15	1		1				65		1		1		
16		1		1			66	2		2			
17		1		1			67	2		2			
18		1		1			68	2		2			
19		1		1			69		1		1		
20		1		1			70		2		2		
21		1		1			71		2		2		
22		1		1			72		1		1		
23		1		1			73		2		2		
24		1		1			74		2		2		
25		1		1			75		1		1		
26		1		1			76		1		1		
27		1		1			77		1		1		
28		1		1			78						
29		1		1			79						
30		1		1			80						
31		1		1			81						
32		1		1			82						
33		1		1			83						
34		1		1			84						
35		1		1			85						
36		1		1			86						
37		1		1			87						
38		1		1			88						
39		1		1			89						
40		1		1			90						
41		1		1			91						
42		1		1			92						
43		1		1			93						
44		1		1			94						
45		1		1			95						
46		1		1			96						
47		1		1			97						
48		1		1			98						
49		1		1			99						
50		1		1			100						
TOTAL IND.		2		5			TOTAL IND.	2		5			
TOTAL DEP.		1		6			TOTAL DEP.	1		6			
TOTAL CLAIMS							TOTAL CLAIMS	7		11			